

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	3762
CD-ROM or CD-R?::	None
Title Line One::	INTEGRATED BLOOD HANDLING
Title Line Two::	SYSTEM HAVING ACTIVE GAS
Title Line Three::	REMOVAL SYSTEM AND
Title Line Four::	METHODS OF USE
Attorney Docket Number::	CVN-011 CON
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	8
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steven
Middle Name::	K.
Family Name::	Stringer
Name Suffix::	
City of Residence::	Santa Clara
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address:	1556 Halford Avenue
City of Mailing Address::	Santa Clara
State or Province of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95051
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kevin
Middle Name::	L.
Family Name::	Hultquist
Name Suffix::	
City of Residence::	Mountain View
State or Province of Residence::	CA

Country of Residence:: US
Street of Mailing Address: 2434 Rock Street
City of Mailing Address: Mountain View
State or Province of Mailing Address: CA
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 94043
Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Mehrdad
Middle Name:
Family Name: Farhangnia
Name Suffix:
City of Residence: Sunnyvale
State or Province of Residence: CA
Country of Residence: US
Street of Mailing Address: 769 Harvard Avenue
City of Mailing Address: Sunnyvale
State or Province of Mailing Address: CA
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 94087
Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Ben
Middle Name: F.
Family Name: Brian
Name Suffix:
City of Residence: Menlo Park
State or Province of Residence: CA
Country of Residence: US
Street of Mailing Address: 2088 Camino De Los Robles
City of Mailing Address: Menlo Park
State or Province of Mailing Address: CA
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 94025
Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Fred
Middle Name: I.
Family Name: Linker
Name Suffix:
City of Residence: Los Altos
State or Province of Residence: CA
Country of Residence: US
Street of Mailing Address: 1243 Carmel Terrace

City of Mailing Address:: Los Altos
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: M.
Family Name:: Culp
Name Suffix::

City of Residence:: Los Gatos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 23620 Skyview Court
City of Mailing Address:: Los Gatos
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95033

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jean-Pierre
Middle Name::
Family Name::
Name Suffix:: Dueri
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1171 W. Iowa Avenue
City of Mailing Address:: Sunnyvale
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: A.
Family Name:: Afzal
Name Suffix::

City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 32 Anderson Way
City of Mailing Address:: Menlo Park

State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94025

Correspondence Information

Correspondence Customer Number:: 35023
Phone Number:: 858.720.6320
Fax Number:: 858.523.4326

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/780,923	February 9, 2001

Assignment Information

Assignee Name:: CardioVention, Inc.
Street of Mailing Address:: 3045 Stender Way
City of Mailing Address:: Santa Clara
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95054